

**ALASKA COUNCIL ON EMERGENCY MEDICAL SERVICES**  
**MINUTES**  
**October 3, 2002**

**Call to Order**

Chairman Charlie Lean called the fall meeting of the Governor's Alaska Council on Emergency Medical Services to order at 9:05 a.m. Steve O'Connor was unable to attend.

**Welcome and Introductions**

***ACEMS Members in Attendance:***

Charlie Lean, EMT-I, Chairman  
Ken Brown, MD  
Daniel B. Cox, EMT-III  
Donald G. Hudson, DO  
David Hull, MICP  
Dorothy Jones  
Debra McCarty, CHP  
Karen F. O'Neill, MD, FACEP  
Barbara L. Simonsen, RN

***State Section of Community Health and EMS Staff in Attendance:***

Mark S. Johnson, Chief  
Matt Anderson, EMS Unit Manager  
Martha Moore, Injury Surveillance and Prevention Manager/Public Health Specialist  
Zoann Murphy, Health and Social Services Planner  
Shelley K. Owens, Health Program Manager  
Doreen Risley, Public Health Specialist  
Judy Skagerberg, Grants Administrator

***EMS Regional Staff in Attendance:***

Troy Dolge, EMS Administrator, Copper River EMS  
Tom Fazzini, Director, Injury Control/EMS Medical Services, Yukon Kuskokwim Health Corporation  
Sue Hecks, EMS Coordinator, Kenai Peninsula, Southern Region EMS Council, Inc.  
Daniel Johnson, Executive Director, Interior Region EMS Council, Inc.  
Bobbi Leichty, Executive Director, Southeast Region EMS Council, Inc.  
Aggie Lie, EMS Director, Maniilaq Association  
Debbie McCravey, Finance Manager, Southern Region EMS Council, Inc.  
Mike Owens, MICP, EMS Director, Norton Sound Health Corporation  
Dave Potashnick, EMS Regional Coordinator, North Slope Borough Fire Department  
Skip Richards, EMS Coordinator, Chugachmiut  
Teresa Seybert, EMS Sub-Area Coordinator, Bristol Bay Area Health Corporation  
Teresa Stone, EMS Coordinator, Kodiak Area Native Association  
Ronni Sullivan, Executive Director, Southern Region EMS Council, Inc.

***Liaison Representative Members in Attendance:***

Yuancie Lee, Research Analyst, Alaska Highway Safety Office, AKDOT&PF  
Frank Sacco, MD, Alaska Native Medical Center  
Terry Smith, Emergency Management Specialist, Division of Emergency Services, DMVA  
Ken Zafren, MD, State EMS Medical Director

Liaison representatives Steve Floerchinger, MD and Lt. Col. Chuck Foster were not present. A quorum of the Council was present. Chairman Charlie Lean welcomed everyone, particularly Debra McCarty who was attending her first ACEMS meeting.

### **Approval of Agenda**

*MOTION:* To adopt the agenda for October 3 and 4 as presented.

(Barb Simonson, Dan Cox)

*ACTION:* The motion was approved.

### **Approval of Minutes**

Charlie asked that the minutes be corrected to reflect that Debra McCarty was not present at the meeting.

*MOTION:* To approve the minutes of the April 18 and 19, 2002 meeting, as corrected.

(Don Hudson, Dave Hull)

*ACTION:* The motion was approved.

## **REPORTS FROM COMMITTEES, TASK FORCES, AND WORKING GROUPS**

### **Executive Committee Report** (Charlie Lean)

Invitations were sent to the Governor and others for the ACEMS meeting and Awards Banquet. Letters of thanks were sent to Terry Stone, Terry Bunes, and Gary Judd and a letter was sent to the Governor recommending the reappointment of doctors O'Neill and Hudson to ACEMS. A letter was received from Larry Streuber, Chief of the Facilities and Planning Section of the Administrative Services Division of the Department of Health and Social Services, requesting ACEMS anticipation in the preparation of the Statewide Health Facilities Plan that will replace the facilities section in the 1984 State Health Plan. EMS has an interest in this area because there is always a need for EMS space in health facilities. Dan Cox and Don Hudson expressed an interest in following up on this issue.

### **Review of Issues in Reports from ACEMS Liaison Members**

Yuancie Lee, DOT&PF. DOT is setting up the electronic transfer of crash reports from Anchorage Police Department to state agencies, which will streamline the process, dramatically cutting the timeframe. 200k is set aside for the project, but it may cost less. They hope to be done by next year. Additionally, web-based driver accident reports are in planning for the future. Alcohol prevention is also a focus; there is a NHTSA grant and DOT is interested in prevention-related projects. Another focus is seatbelts. Don asked about ATV accidents. Yuancie's office focuses on autos and highway data but he will look into broadening the scope.

Dr. Frank Sacco, State Medical Director. The use of the animal lab was controversial in the advanced trauma life support (ATLS) classes for physicians; however, the American College of Surgeons approved a manikin for the lab which eliminates the problem. An objective is to get a core of trained instructors in Southeast. Another issue is mid-level training for IHS and tribal entities and rural Alaska. The College of Surgeons limits the number of mid-levels in a course. The American College of Surgeons has made special allowances before in the ratio of midlevels to physicians in the course, so why not for Alaska? An objective is a yearly ATLS course in Southeast. Numerous mid-levels in the Interior and Fairbanks need training. Doreen Risley said she has been working with Harborview, and a class is scheduled for January 10 & 11 in Juneau. The cost is \$600 per person; 12 from Southeast are now enrolled.

The Trauma Nursing Core Course (TNCC) is going well: there are a fair number of instructors and courses. There is a renewed interest in trauma systems development at level four hospitals. Norton Sound will be the first verified level four, and Y-K Bethel is scheduled for review soon. The Trauma Systems Committee wants improved quality assurance at rural facilities, and improvement in getting information back to the ambulance services, the people who make up part of the system. Things are stalled at level two facilities designation now. The issues include hospital diversion and neurosurgeon

coverage. There is a nationwide shortage of neurosurgeons, and with only three in Alaska, they are overworked. They have to limit calls and thus are not available 365 days at Providence or Alaska regional hospitals, but are available at ANMC. This causes delays and patient transfers. The long-term solution is more neurosurgeons; in the short run it's possible to have people come up from the lower 48. A fourth neurosurgeon may be coming up soon. . Dan Cox said Barrow gets surgeons on rotations, could this be extended? Dr. Sacco said this does happen now, but there are licensing issues for locums and other complications. Barb said Providence has two neurosurgeons already licensed in Alaska who are willing to come up and work regionally.

Better guidelines are needed regarding which patients should be transferred to neurosurgeons. Transfers are a heavy draw on resources, and not all are necessary. Dan asked if ACEMS can assist in defining transfer guidelines. Ken Brown agreed that lower 48 guidelines are not the best for Alaska. Dr. Sacco said that there are three trauma systems: 1) from the bush to urban areas; 2) Southeast, which overlaps with Seattle; and 3) Southcentral, a small, urban trauma system similar to lower 48 cities. The Southcentral system is stalled, but the others are developing. Dave said guidelines are very important; family and community pressure to ship the patient out is severe. Guidelines won't eliminate the pressure, but will offer support. Karen asked if ACEMS can request the trauma committee to come up with guidelines in a year. Don Hudson and Ken Brown offered to help Dr. Sacco.

Terry Smith, Alaska Division of Emergency Services. Terry submitted a written report. ADES had WMD training for first responders. The disaster medical assistance team (federal) is willing to be a state resource if needed. He is working on a MOA and despite money, personnel, and liability issues, Terry is optimistic that it can be done. The incident command system is taught as needed. Terry is working with FEMA to develop a list of assets to be sent immediately upon notification of a significant event, such as an earthquake. The State Emergency Response Commission also supports Local Emergency Planning Commissions. Barb Simonsen asked about an incident of chlorine gas release noted in Terry's report. Dave Hull asked whether ADES would, for example, assist EMS in replacing equipment containers used in the chlorine response? Terry said yes if it was a large-scale, declared disaster.

Steve Floerchinger, MD, of the Rescue Coordination Center was not present.

#### **EMS Program Report** (Matt Anderson)

Matt has been working on the Centers for Disease Control bioterrorism grant. The grant provided 6.4 million dollars to the department, with another half million from the Health Resources and Services Administration for hospitals and bioterrorism. Matt has discovered a web-based application that shows hospital status online and can be updated by the facility. The server is at Harborview and could be used without charge in Alaska, but it needs to be determined how useful it would be for Alaska. Matt is working on the mass casualty plan and the state has signed a mutual aid agreement with other states, an emergency medical compact. The AED bill died in the rules committee. The bill was well written but there was opposition; hopefully the atmosphere will improve for a bill. Some communities are going forward with public access AEDs despite the legislation not passing.

The new EMT regulations took effect August 16 and represent five years of hard work by the Training Committee. They streamline the certification process, lengthen the eligibility for recertification from two years to three, and change class requirements for EMT II & III. The biggest change is in how instructors are qualified. It aligns and modularizes the three levels of training, and requires 40 hours of methods of instruction. There is an Alaska specific orientation as well.

State EMS is working on the FY02 annual report. The text of the cold injury guidelines is still being reviewed. Ken Zafren will present them at EMS symposium. The guides for EMTs and for certifying officers in Alaska have been revised and are available on the CHEMS website as well as the new certification forms. State EMS submitted a grant application for AED funds from HRSA. State EMS

gathered information from around the state and put together required community partnerships. CHEMS submitted an application for 2 million dollars on July 15 (the amount available nationally is 12 million). The application articulated the need for rural AEDs. There is no word yet on the application. The largest number of AEDs were requested by the troopers. Matt had assistance from regional EMS directors in prioritizing requests, with first responders at the top and public access at lowest priority.

Code Blue: ambulances have been delivered throughout Alaska -- seven will be delivered to Southeast in December; Ronni says those for Southern Region are at the dock in Seattle. The Denali Commission gave two million dollars for communications; Matt's been working with a consultant on interaction with the land mobile radio system to build useable and viable systems. The Rural Hospital Flexibility program continues to bring good things to EMS. CDROMs with EMS materials have been distributed to all EMS instructors in the state; state EMS developed an online database for courses with a feedback loop; physician medical director travel to Aniak was funded; and EMS is funding instructor training. Additional funding goals are an EMS billing workshop and Code Blue steering committee travel. A paramedic internship site will be put on the web. State EMS is continuing to work on the Goals document, revising the model EMS standing orders from 2000, and revising the regulations for Air Medical Services through a working group. Volunteers contribute enormously in Alaska; Matt is putting together a contract, modeled on Pennsylvania's, to quantify the value of the contribution made by volunteers in EMS in Alaska. CHEMS will request an extension on the HRSA training grant. Training funds have gone out to the regions. Finally, contracts are in progress for distance delivery and management training.

#### **Injury Prevention** (Martha Moore)

Gordon Glaser offers child passenger safety technician training and CHEMS has two certified technicians in Juneau. Booster seat legislation continues to be a focus; this issue is not now clear in the law. Mary Krom is distributing smoke alarms by working with the health corporations for installation and follow-up. Karen Lawfer requested a grant from the Department of Justice for locking gun cabinets in rural homes, partnering with Alaska Native Tribal Health Consortium. A research study in Dillingham indicated that this would work, and firearms are a leading cause of injury. Karen is also working on "Injury Prevention in a Bag", injury prevention information for EMTs, and on the injury prevention part of symposium. Alice Walters is working with public health nurses to make injury prevention a part of a well child screening, and prepared cards with age appropriate child injury prevention information. An example is "Feed a Pig, Save a Kid," to encourage people to put coins in the piggy bank instead of leaving them where kids can find them and choke. Zoann Murphy continues to spearhead the poison prevention program, distributing many magnets. Martha and Zoann are doing a study about preventing falls; they hope to improve the documentation, which is inadequate. Maria Bailey works with the Kids Don't Float and will be sending out surveys to find out what people need. Communities are supposed to monitor and keep usable the life jackets. Dave Hull asked if there is a program to target adults. Martha said that the Alaska Native Health Board produced nice lifejacket posters with adults. Children need to see adults as role models, leading by example. Martha remarked that the focus is on children because adults are old enough to make their own choices, but children don't usually do so. She mentioned the recent skiff accident near Sitka in which a two-month old child in a child seat was caught under the boat and perished. The other two children were wearing kids don't float lifejackets and survived. Regarding traumatic brain injury, Martha said head injuries are shattering to the victim and the whole family. It is clear that these injuries are often avoidable. It is important to target use of ATV and snowmachine helmets. Ronni Sullivan said that preceptorships could be offered to place EMS providers in a large hospital rehab center for two days; this will change the way you look at life.

#### **CHEMS Section Report** (Mark Johnson)

CHEMS has requested funding next year for communications and for Code Blue. CHEMS staff helped get 16 million dollars in a two-year period for rural community primary care health clinics. This is important because EMS and primary care work together; it results in increased access, resources, and

coverage. The extended care clinic plan is a parallel to this; this effort is for provision of overnight care at clinic if needed, often for emergency situations. It involves working with the federal government and the state Medicaid office. CHEMS staff is involved in bioterrorism and tobacco control including cessation efforts and the enforcement of sales to minors. Charlie Lean mentioned that he has seen a dramatic reduction in a few years in the amount of tobacco products carried in the local store in Stebbins; it is important to reach the local and regional coalitions. The Poison Control system is working well, the 800 number is effective, and we are getting data on Alaska. Sandi Giffin from the Oregon Poison Center will be at symposium. CHEMS is focused on EMS communications issues and on the land mobile radio system to ensure that EMS is included. The backbone system will be in place next summer. Telemedicine includes issues of infrastructure and integrated community solutions. Distance learning is another emphasis, and can be important to EMS. Mark continues to collect ideas on promoting injury prevention among EMS providers. Health promotion is working on obesity with a CDC grant, and is planning a statewide conference. Putting prevention into practice is a CHEMS initiative to use best practices to get primary care providers to focus on clinical preventive services.

#### **EMS for Children** (Doreen Risley)

CHEMS took part in a pilot for the National Pediatric Technical Assistance Team visits. Four team members came to Anchorage in July. Their report describes successes in Alaska and makes recommendations for improvement. Alaska Native grant activities have included pediatric advanced life support and emergency nurse pediatric training in rural communities; pediatric education for prehospital professionals; an ear imaging conference for rural audiologists; expansion of ANMC's orthopedic emergency care web site; and updating the Alaska Medevac Manual. Activities of the EMSC Partnership include pediatric technical assistance team visits; medevac course update; symposia sponsoring; and the prehospital data collection system. This grant ends in December; she is applying for a new grant. The new grant will have four focus areas: integration of EMSC into public health programs; data activities; performance improvement; and EMSC presence in state disaster preparedness activities. ACEMS members will provide letters of support for the grant application.

Trauma/EMS System: Supplemental funding came in September for completion of the assessment survey. More ATLS training is desired for Alaska. The Juneau ATLS course coordinated through Harborview was discussed earlier today. An instructor course in Anchorage is planned as well. A trauma system implementation grant of \$40,000 was received in CHEMS in August.

#### **State EMS Symposium Update** (Doreen Risley)

Symposium is November 13-16 at the Egan Convention Center in Anchorage.

#### **Pre-Hospital Data Collection Project** (Shelley Owens)

Shelley is developing the capability of importing the data. She will be working intensively with services to import the EMS 2000 data. Southeast Region EMS is collecting the data for some of the smaller services. The Health Insurance Portability and Accountability Act (HIPAA) deals with protections in data for agencies that submit electronic health information for billing, either through their own fiscal department or a contracted fiscal department. Dave Hull has information that states that HIPAA doesn't apply to agencies that employ fewer than 10 paid employees. Shelley said it would be good to get clarification on this. Soon Medicare billing will require electronic submission, which will place more agencies under HIPAA requirements. A discussion followed about what constitutes identifying information, and whether trauma data collection is covered. Mark said that there are some HIPAA exemptions for public health data. The division is working with the department HIPAA person.

#### **EMS Training Committee Report** (Jodi Zufelt)

The committee is very glad the new regulations are out. The challenge now is to let everyone know what the changes mean. The committee has been busy revising the EMT written tests, ensuring that all questions are learning objective specific. The questions are maintained in a data bank developed by Matt.

Charlie thanked the training committee for its work in getting the new regulations out. Matt will provide the summary of regulation changes on Friday.

#### **PIE Report** (Skip Richards)

The posters on the wall display the names of Alaska EMTs. Zoann received a round of applause for her work on them. Each poster has regional information; ambulance, air medevac, and first responder services in their region, and the names of current EMT I, II, and III. There is no database with ETT names, so they are not listed; nor are paramedics, instructors, or EMT dispatchers. The posters are laminated, so they will travel. This effort cost \$1,139. through a donation from the now defunct Alaska EMS Association. Future funding to update the posters will have to come from some other source, perhaps the Regions. There is also an EMS in Alaska poster.

PIE has supported EMS at the Legislature Day. Ronni explained that all materials for distribution or exhibit at the legislature have to be approved, and posting or displaying things becomes more restricted all the time, but it might work to make flyers. Zoann says she could adapt the EMS in Alaska information into a brochure. Skip said that three Regional Directors will continue to do EMS at the Legislature Day. Skip showed a plaque started by Craig Lewis which Sue will report on this during Regional Directors and Coordinators report. PIE plans a memorial web site on the CHEMS page with information that is on the plaque. PIE's new assignment is related to recruitment -- an informational recruitment packet that can be distributed at local gatherings such as job fairs, state fairs, and on university campuses. They will work up a small display about it. Dave Potashnick asked if the regions could perhaps reproduce the posters at their own expense. They're on a CD, so this will be easy and the banner can be done for symposium.

#### **ACEMS Trauma System Review Committee** (Martha Moore)

Dr. Zafren covered trauma issues very thoroughly. Martha wanted to mention that Norton Sound hospital applied for Level Four Trauma designation and is the first hospital in Alaska to receive the certification.

#### **EMS Medical Director's Report** (Ken Zafren, MD)

Ken's role as the state EMS medical director is as a consultant to CHEMS to help in the development and maintenance of an effective state EMS system. He met with the pediatric technical assistance team in July and will be active in the implementation of its recommendations. He went to the trauma system meeting in March. Improvements in these areas will benefit the whole EMS system. Guidelines are often the basis for standing orders. Updated trauma guidelines will be published next year; they are also revising the cold injuries, cold water, near drowning guidelines with the aid of Rob Janik and Southeast Region EMS. The current guidelines are used not only all over Alaska, but all over the world. Next year Rob and SEREMS will assist with guidelines on pressure, eg., diving and high altitude.

This is the 27<sup>th</sup> year of the annual EMS symposium; as medical director, he organizes the clinical track and chairs the medical directors' meeting at symposium. This year there will be a medical directors' training course, which will be available after symposium through Powerpoint presentations and videotapes. He emphasized the importance of grant funding such as Code Blue and rural AED and stays in touch with current medical directors and reviews requests for expanded scope of practice for prehospital providers. Rural providers can do a lot to improve care, especially with a little extra training. He also assists in searching for medical directors around the state and filled in at Aniak when they couldn't find a medical director, and found it very exciting and useful.

Another initiative Ken is working on is liability insurance for medical directors, which is increasingly hard to find and very expensive. One company is currently providing this insurance in Alaska which is available through the Alaska Municipal League Joint Insurance Association for member communities. Others can purchase, but it costs a lot more. Charlie asked if Ken is involved in the head injury effort discussed earlier; he said he will be. Mark asked if the cold injury guidelines would be published in any journals; he said they will certainly try to publish them. He will be writing an editorial and describing the

process of guideline revision for a peer-reviewed journal. Charlie thanked Ken and SEREMS for the work on the guidelines.

### **Regional Directors and Coordinators** (Sue Hecks)

The regional directors and coordinators met all day Tuesday and on Wednesday morning. Matt reported on RHF and Code Blue; RD&C talked about the AED grant and documenting the need in the state, even if it doesn't receive full funding. RD&C discussed the EMS Goals document and suggested that public information and education and injury prevention be combined goals in the document, since these activities often go together. Martha reported on injury prevention and trauma registry. Budget cuts were discussed and the need for budget increases in grants to regions. Flat funding doesn't work when costs are increasing. The money has gotten tighter through the years, and EMS has gotten more and more creative. Which EMS goal do we cut out? Code Blue is an example of a mixed blessing; the equipment is wonderful, but it comes at a great cost, because it is very administratively intensive. They are through Phases I and II in Code Blue and are into Phase III.

It was suggested that EMS Day at the Legislature be scheduled early in the session to make the face of EMS known. Ronni, Dan J. and Bobbi will attend. The Memorial Plaque was established in 1997 by Craig Lewis to recognize those who have made a huge contribution to EMS in the state. Skip read the text on the plaque: "Be it known to all, that the names hereon long served Alaska, their community, and neighbors with exceptional distinction. Their personal sacrifice, commitment, and strength materially contributed to making Alaska a safer place to live and work. Because of them and those they touched, the true spirit of our neighbor helping neighbor motto shines more bright. Their extraordinary and meritorious service is in keeping with the highest tradition of emergency medical service." This plaque contains the names of deceased EMS providers. Names are being submitted to Dan Johnson, and it will be ready for symposium. A case will be built for it, enabling it to travel. There used to be an organization called EMS Educators. The account was closed this June with a balance of \$1,490.87. It is being held by SEREMS and will be used to purchase EMS educators' plaques and awards for Symposium.

RD&C had a presentation on the land mobile radio project. They are working on bylaws, updating the EMS annual report to the Legislature and condensing the EMS in Crisis document to two pages. Data from the last three calendar years will be submitted by the Regions and compiled. Services in crisis are defined as those who have had a decrease in service over time, or have become unstable or unable to provide 24/7 coverage. Some services have improved, so they need to be discussed as well. In 1997, 48 services were in crisis; the following year, 58 were. Ronni pointed out that her grants in 2001 were only \$5,000 more than in 1991. Training is very expensive, especially in rural areas. It costs \$10,000 to put on an EMT I course in a rural area. RD&C wants to focus on positive issues as well & is looking for a new name for the document, one that implies urgency while getting away from the term crisis.

### **OLD BUSINESS**

The HIPAA committee has been covered in earlier discussion. There was no other old business.

### **NEW BUSINESS**

#### **Politics 101: Understanding the Legislative Process** (Ronni Sullivan and Sue Hecks)

Time is well spent educating people and keeping them informed about EMS. There is an integrated network that builds the EMS system in Alaska; ACEMS, CHEMS, and the Regional and Subarea offices. The power is in the fact that this group communicates regularly. The most effective thing is to keep each other and policy makers informed about the system and how important it is. In talking with legislators and their staff over the years, she has seen a lack of knowledge about EMS. The challenge is to keep people educated about why there is a CHEMS, why there are grants, the different things EMS deals with. There are many ways to get the information out. The PIE committee puts together great material. When EMS funding was threatened a number of years ago, there was a real grass roots effort to change the tide

of the funding initiative. The Code Blue project is a classic example of how it can work. It had support from the Commissioner, and was put into a format to be submitted to the legislative process. This isn't something you do when you are in crisis; it is something you do all the time. Talk about programs and discuss issues you are familiar with, issues that are common concerns. Communicate the impacts of changes. Stay informed, read materials available. Be informed about the legislative process. There are helpful websites, including the legislature section of the state web page.

Once a bill is in progress, it can be tracked through on BASIS, the bill tracking system. The FirstClass website is another location to look for postings about bills. The local legislative information office or the legislator's local office is another source for information about a certain bill. Regardless of how the election goes, the makeup of the legislature and the administration will change, affording new opportunities for education. We reach out in April when things are tough, but it is nice to reach out all year. EMS events in the community should be brought to the legislator's attention, so that they become aware of the EMS activity in their community. Saying thank you is very important; being in the legislature can be a very thankless job. Mark added that it is important to work with both sides of the aisle. There are a number of ways to participate in the process. Mark can listen to a webcast of a hearing at his desk and just focus on the part about the bill that he is interested in. It is important to invite legislators to regional symposia. EMS people represent the community, not the bureaucracy; this gives credibility. Ronni said that legislators welcome information because it helps them make more educated decisions. Sue said that wearing the star of life and taking along a photo album of fire and EMS will personalize your message. It also helps to elicit support from your local government. Don Hudson pointed out that establishing rapport over time is a good idea, and it helps later when you have an issue to discuss. This is not lobbying; it is presenting your community's viewpoint. If you have any doubts about lobbying rules, you can visit the APOC web site. Sue mentioned that there will be a track at Symposium by outgoing legislator Ken Lancaster about getting your EMS point across. The group thanked Ronni and Sue for their informative guidance.

#### **Revisions to the EMS Goals Document** (Matt Anderson)

The Goals document is being revised. This document is the basis for a lot of the EMS planning in Alaska and it is the basis for how the grant applications are written. There are substantial changes. There was a long history section, which has been removed. Information about agencies remains. A section on developing an EMS system that is sustainable in the community has been added. This takes into account all the costs, and can be reviewed by a city manager, for example, to see what this entails. Issues and costs are explained. The goals themselves have been changed; some were deleted, some shortened. They will be posted on the web site.

#### **Recess**

Charlie recessed the group until 9:00 am 10/4.



ALASKA COUNCIL ON EMERGENCY MEDICAL SERVICES  
MINUTES  
October 4, 2002

**Call to Order** (Charlie Lean)

Chairman Charlie Lean called the second day of the fall meeting of the Governor's Alaska Council on Emergency Medical Services to order at 9:02 a.m.

Sue Hecks described the passage of Senate Bill 4 last year which allows a \$10,000 real property tax exemption on a primary residence for active emergency medical service personnel, excluding EMTs and paramedics. There is a maximum of two claims per household (i.e., \$20,000) and requires a certificate to qualify: EMD, EMT, EMT instructors, and certified firefighters. The Fire Marshall says services submit the lists of certified firefighters to him annually. The exemption provides an incentive for recruitment and retention. Sue put together an information packet about it. Steve O'Connor mentioned a ruling from the IRS that the exemption is considered income; this should be checked.

**Persons to Be Heard** (Charlie Lean)

There were none.

**Member status** (Charlie Lean)

A consumer position is vacant. BJ Coopes, MD is not eligible because she is a paid medical provider. Virginia McMichael of Chugiak has submitted a letter of interest; she is a consumer as well as a provider (volunteer). ACEMS did not take a position on the appointment. Matt reminded folks to look at the Boards and Commissions web site and refer interested parties to it. Don suggested supporting her future consideration as a provider member. Mark suggested she might be considered as a liaison representing the pediatric community.

**Appointments to Task Forces and Committees** (Charlie Lean)

**Bylaws:** The present terms of Barb and Don are done. Dave Hull's term continues. There are three positions on the committee. Dorothy nominated Charlie to the Bylaws committee; Barb seconded. Don says he is willing to serve another term. Barb moved to close nominations and Ken seconded. Shelley says that Charlie is chair of ACEMS and cannot therefore be on this committee. However, Charlie's term as chair is up, so Barb suggested tabling this nomination until the other officers are decided.

Shelley reported that the bylaws allow six specified agency liaison members; all are currently filled. The bylaws could be amended to add a pediatric liaison. The bylaw amendment can be introduced at the current meeting and approved at the fall meeting.

***MOTION:*** To amend the bylaws add a new pediatric liaison position.  
(Don Hudson, Ken Brown)

***ACTION:*** The motion was approved.

Charlie asked if anyone wanted to change committee membership or join a new committee. Dorothy would like to be on the prevention committee. Dave would like to be on planning and PIE. Matt pointed out that the training committee membership has been very stable over many years. Ronni and Barb point out the focus of the training committee – they do a tremendous amount of work, and there are benefits from keeping it a reasonably small and focused group. Matt suggested that Debra be penciled into the next planning committee so she can get a feel for it. Barb said she would like to come off planning. Dan Cox asked to remain on PIE and be added to planning. The air medical services planning group hasn't been real active, should it be maintained? Matt says it hasn't met in a long time, but the regulations need to be updated, so the committee needs to work on that. Doreen suggested that Kathy McLeron be on the air medical services planning group. Ken supported a plan to meet and look at the regulations before the

Juneau spring meeting; Matt will do the contract first and get back to the group. Matt suggested that with the number of persons in the Anchorage basin, they plan to do this in Anchorage as a focused group. Barb said that Vincent Imbriani is replacing John Hall on the Air Medevac committee. Charlie said the Weapons of Mass Destruction Task Force has never met, is this still a useful committee? Matt said not really; WMD activities are so grant specific that it's not practical to work through a committee.

*MOTION:* To disband the WMD Task Force.

(Dan Cox, Ken Brown)

*ACTION:* The motion was approved.

Charlie summarized the following committee appointments.

*MOTION:* To appoint Dorothy to Prevention; Dave Hull to Planning and PIE; Debra to Planning; Dan Cox to Planning; to remove Barb from Planning; to keep Dan Cox on PIE.

(Dave Hull, Don Hudson)

*ACTION:* The motion was approved.

Election of Officers: Dan moved and Karen seconded the motion that Charlie be reappointed as chair. Barb said this violates the bylaws. Barb needs to step down as vice chair. Dorothy nominated Barb as chair and Ken seconded. Dave proposed closing nominations. Barb was elected chair unanimously. Barb nominated Karen as vice chair and Ken seconded. Dorothy moved to close nominations, Barb seconded. Karen was elected vice chair. Karen nominated Ken as member at large and Don seconded. Dave moved to close nominations. Ken was elected unanimously. Back to nominations for the Bylaws committee. Don and Charlie have been nominated. Ken and Dave moved and seconded closing nominations. Charlie and Don were unanimously elected.

The next topic was appointment of members to a Task Force for EMS Medical Director Recruitment and Retention. Ken Zafren is willing to be on it. Ken Zafren said that insurance cost or potential liability may be deterrents to people becoming medical directors. When reasons for losing medical directors are identified, then the question will be how to change or influence it. Ken Brown and Don are interested in being on the task force. Ken Brown said he feels isolated and meetings of medical directors might help. Ken Zafren reminded the group that the medical directors meet at symposium. Ken Brown suggested a list-serve. (There is one available on FirstClass for medical directors. Ronni is interested in serving on the task force. Dan Johnson suggested Dr. Robinette of Interior Region; Ken Zafren said please ask him. There are now six names for the task force: Ken Zafren, Don, Ken Brown, Karen, Ronni, and Dr. Robinette. Ken Zafren nominated Andy Schwartz, a medical director in Barrow.

*MOTION:* To appoint the named persons to the Task Force for EMS Retention and Recruitment

(Dave Hull, Charlie Lean)

*ACTION:* The motion was approved.

Dr. Sacco is now the Chair of the Committee on Trauma of the Alaska Chapter of the American College of Surgeons.

#### **ACEMS Activities at EMS Symposium** (Matt Anderson)

Matt asked which ACEMS members plan to be at the opening session and the banquet. Dan Cox, Dave Hull, Barb, Charlie, Don and Karen will be at the opening session. Charlie, Debra, Dan, Don, Karen, Barb, and Dave will be at the banquet, with Steve a possibility. Ronni reminded the group that ACEMS members take an active role in drumming up items for door prizes for EMS symposium. Charlie asked if a trophy sponsor is needed for the ambulance of the year award.

**Changes to Grant Regulations** (Judy Skagerberg)

Judy, a grants administrator in CHEMS, presented an overview of the changes to Department grant regulations which were adopted on July 21, 2002. Departmental policies and procedures have not yet caught up with the regulation changes, so grant administration procedures are in transition. Several handouts accompanied the presentation. Major changes include new grant applicant solicitation methods; new staff review procedures; a requirement for proposal evaluation committee members training; addition of a new waiver category; changes in purchasing policies; and a change in the definition of capital equipment. Hopefully some of the changes will make grants administration more streamlined for grantees. Ronni stated that her review of the changes and the new regulations indicated improvement.

**State EMS Priorities** (Matt Anderson)

Matt described state EMS priorities for the next six months, including the EMSC grant application; the rural AED grant application (\$237,703 awarded, with 11K for administration). CHEMS needs to submit, by November 1, information on identifying data elements that will be collected, benchmarks that will be evaluated and additional information on a sustainability plan. The Code Blue and Rural Hospital Flexibility projects continue to be important. The EMS goals will be done by end of November. Implementation of the new EMT regulations is important, as is getting out the cold guidelines. The neurological injuries conference needs to be worked on, bioterrorism and poison control, the National Pharmaceutical Stockpile. Matt stated that implementing the AED grant awards might best focus the funds so that recipients receive enough to really do something with the project.

**Recommendations for Grant Funding Priorities** (Ronni Sullivan)

Each year, ACEMS reviews priorities for the Regions in their grant proposals for the upcoming year. Ronni handed out the priorities from last year. These are usually pretty general. Flat funding and essential goals are reflected in this document. The Regions benefit from consistency in this document from year to year. Dave said that the initiatives that have been discussed in the meeting would fit under the items that already exist in this document. Karen asked why it says maintain versus improve? Charlie said the reality of flat funding drove this. Ronni said the Regions endeavor to improve, but maintaining the infrastructure is challenging. Barb said that maintaining the infrastructure and at least staying where we were was the first priority last year; revitalizing is the next goal, as possible. Barb said she feels very comfortable with these as priorities. Dan Cox said that this document could go to the legislature. Ronni said it should be in the annual report. Charlie said that ACEMS needs to agree to these as priorities, and that these should be in members' minds as they discuss EMS concerns with the public and the legislature.

*MOTION:* To accept the ACEMS grant funding priorities as presented for FY04.  
(Dave Hull, Dan Cox)

*ACTION:* The motion was approved.

Dan Cox stated that recruitment and retention are vital. He said that North Slope has improved its intake program and beefed it up; this has paid off. Regarding recommendations to the CHEMS staff, Dave suggested that assisting with recruitment and intake of medical directors should be a priority. Charlie reminded the group about concerns discussed during the meeting: the need for sponsoring physicians, fears about the budget and unknowns about the next administration, the work involved in grants administration, pediatrics. Barb added the air medevac regulations as a CHEMS priority. Shelley suggested that protocols for remote head injuries transport and neurological injuries transport should be included; Barb agreed. Matt said that CHEMS would assist Ken Z. and Frank Sacco with this project. Matt said that a new CHEMS administrative person will be hired with bioterrorism funds; Rural Hospital Flexibility funds for administration are also possible.

**Select dates for next meeting**

Thursday and Friday, April 17 and 18, 2003, were selected as dates for the next ACEMS meeting, with the Regional Directors and Coordinators meeting on Tuesday, April 15 and committees and task forces meeting on Wednesday, April 16.

*MOTION:* The group agreed to hold ACEMS October April 17 and 18, 2003, with related meetings on April 15 and 16.

(Charlie Lean, unanimous)

*ACTION:* There was no disagreement to this motion.

**Other Items** (Charlie Lean)

Charlie clarified with Barb that it his duty as outgoing chairman to write the letter concerning Dan Cox's representation on the construction and facilities committee.

**Adjournment**

Charlie adjourned the regular session of ACEMS and the Council went into Executive Session to consider nominations for the EMS Awards.